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SWANN, HADLEY D P.A. 1031 W. MORSE BLVD STE 350 WINTER PARK FL 32789 Name 9. The above named entity durating by example of the physical agent, or both, in the State of Florida. 1 am familiar with, and acceptions of registered agent, or both, in the State of Florida. 1 am familiar with, and acceptions of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of registered agent, or both, in the State of Florida. 1 am familiar with, and acception of the state of the controlagent floridate of the state of the control floridate of	Zip	Country	Zip	Country	
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WINTER PARK FL 32789 City FL 2ip Code The above named entity chants freehated off for they purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of restricting state dependence agent or both, in the State of Porida. I am familiar with, and accept the obligations of restricting state dependence agent agents of entities with accept agent. DetE DetE FILE NOW!II FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 S.5.00 May Be Added to Press Make Check Payable to Florida Department of State 0FTE Reglance Agent syntaxion regulated will version and other registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligation of state DetE Make Check Payable to Florida Department of State 0FTE Reglance Agent syntaxion regulated will be \$55.00 S.5.00 May Be Added to Press Make Check Payable to Florida Department of State 0FTE Reglance Agent syntaxion regulated will be \$55.00 11. Addition of the syntaxion of the syntaxion of the syntaxion of the syntaxion regulated will be \$57.00 Model DoWINION State Added to Press Mile Delete 111. Addition of the syntaxion of the synt	103	1 W. MORSE BLVD		Street Addres	s (P.O. Box Number is Not Acceptable)
The above named entity dubring his state/ref for the purpose of changing its registered office or registered agent, or both, in the State of Pointa. I am familiar with, and accept the object of provide and the purpose of changing its registered office or registered agent, or both, in the State of Pointa. I am familiar with, and accept the state of Pointa. I am familiar with, and accept the purpose of provide and the purpose of changing its registered agent, or both, in the State of Pointa. I am familiar with, and accept the purpose of provide and the provide and the provide of provide and the provide and the provide of provide and the provid				u	
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NAME STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section_119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS	🗋 Change 🔲 Addition
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SIGNATURE: 407-647-2777		A K	n this filing does not qualify if is true and accurate and that owered to execute this report with all other like empowered	or the exemption stated in my signature shall have th rt as required by Chapter 6 d.	Section_119.07(3)(i), Florida Statutes. I further certify that the information te same legal effect as if made under oath, that I am an officer or director 307, Florida Statutes; and that my name appears in Block 10 or Block 11 if 2 - 18 - 04 407-647-277